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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none by 4/26/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none by 4/26/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Brian Geden</i> Initials: <i>BG</i>				

## ADDRESS

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## TITLE

Implantable medical device having a casing providing high-speed telemetry

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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